

Resource Request Medical and Health: FIELD/HCF² To Op Area				
1. Incident Name:		2a. DATE:		2b. TIME:
3. Requestor Name, Agency, Position, Address, Phone / Email:			2c. Requestor Tracking Number: Facility code+3 digit number (Assigned by requesting entity)	
4. Describe Mission/Tasks:				
5. ORDER SHEET(S) - ATTACH ADDITIONAL IF NEEDED		<input type="checkbox"/> SUPPLIES	<input type="checkbox"/> PERSONNEL	<input type="checkbox"/> EQUIPMENT
6. ORDER <i>MEDICAL & HEALTH REQUEST DETAILS</i>				
I t e m #	Priority ³	Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, etc.) (Attach product information pages, photos, In-House purchase order documentation)	Qty	Expected Duration of Use (does not apply to supplies)
7. Requesting facility must confirm that these 3 requirements have been met prior to submission of request				
<input type="checkbox"/> Is the resource(s) being requested exhausted or nearly exhausted? <input type="checkbox"/> Facility is unable to obtain resources within a reasonable time frame (based upon priority level below) from vendors, contractors, MOU/MOA's or corporate office? <input type="checkbox"/> Facility is unable to obtain resource from other non-traditional sources?				
8. COMMAND/MANAGEMENT REVIEW AND VERIFICATION (NAME, POSITION , AND SIGNATURE - SIGNATURE INDICATES VERIFICATION OF NEED AND APPROVAL)				

1-When EMS DOC activated MH-RR to be sent to Operations Section Coordinator
 2-HCF = Health Care Facility
 3-Priority: (E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment

Resource Request Medical and Health (RRMH) Completion Instructions

- 1. Incident Name:** Name assigned by Incident Commander. Keep as general as possible, i.e.; March 2011 EQ or IED at Staples Center.
- 2 a. Date:** Use mm/dd/yyyy format
- b. Time:** Military Time is preferred, i.e. 1900 = 7:00pm. If unable to use Military Time indicate am or pm.
- c. Requestor Tracking Number:** This will be your facility/department code, a dash "-", and 3 digit number (in sequential order). Example CSM-001 is Cedars Sinai Medical Center and their first RRMH.
- 3. Requestor Name:** To be completed by whomever is filling this form.
- 4. Describe Mission/Tasks:** Give a brief description of reason for request.
- 5. Order Sheets:** Check which box applies to your order. Fill out one RRMH sheet for each type of request.
- 6. Order**
- Item #:** Each new line item is numbered.
- Priority:** (E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment. If completing form electronically there is a drop down menu.
- Detailed Description:** Specifically describe the requested item by using brand, sizes, model #, dose, form (tabs vs caps vs suspension), strength, volume. Example: 3M N-95 Mask, Model #1234 size Medium or Penicillin 500mg tablets or Normal Saline1000ml IV fluid.
- Qty:** Quantity wanted based upon each, this is to simplify the ordering process. Example: Doxycycline 500mg Tabs quantity 50 = the hospital will receive 50 tablets.
- Expected duration of use:** This only applies to equipment and personnel. Supplies will not be returned.
- 7. Confirm Requirements:** Facility must confirm these requirements have been met prior to submission of request.
- 8. Command Review & Verification:** Authorized management staff review and approve. Printed name and signature are required.